DRUG STORE NEWS®

INSIDE PHARMACY
PHARMACIST EDITION

SECOND CLASS

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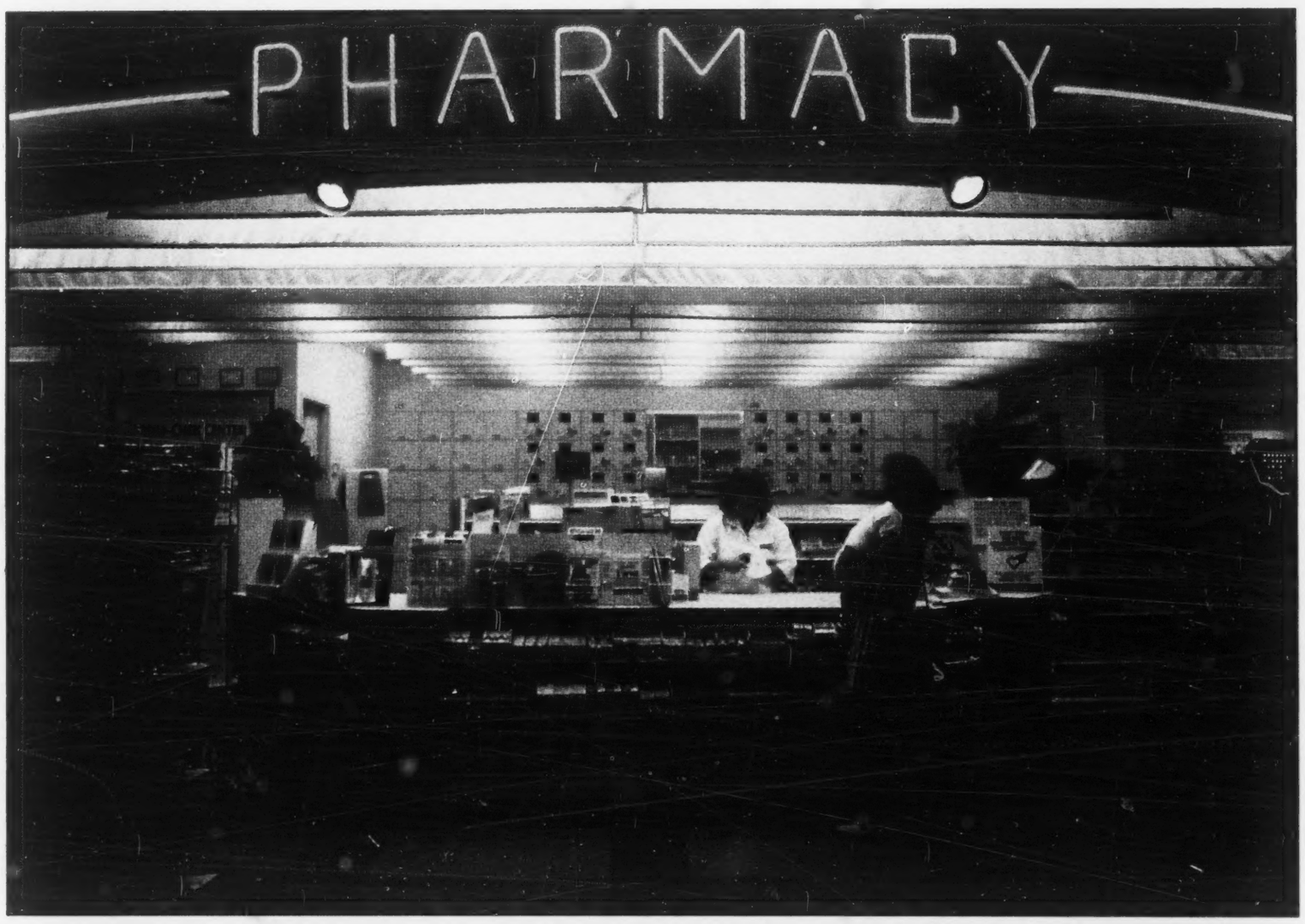
DrSN/IP Annual Report of

Retail Pharmacy

Prescription dept. still profitable despite third-party headlock



Ask any retail pharmacist what the three biggest problems he faced in 1989 were and he's likely to answer: *third party, third party, third party.*

Third-party programs continued to tighten their headlocks on retail pharmacy last year, as many drug stores saw reimbursement levels drop to an all-time low, pinning many a retailer's shoulders to the mat.

Yet despite severe third-party cost controls and the damage they've done to profit margins, the *Drug Store News/Inside Pharmacy* Annual Report of Retail Pharmacy shows that the prescription department still remains the strongest of all departments in drug stores.

Chain drug store prescription sales fared better than most traditional drug retail operations, ending the year with a nearly 14-percent rise in sales compared to a 9-percent rise for all drug stores.

Some of this increase is attributed to higher average wholesale costs of prescription drug products, which were reflected in a nearly 9 percent rise in the average retail prescription price, calculated to be $15.37.

But rising product costs wasn't the only factor responsible for the increase. Predictions of a 60-percent to 75-percent third-party prescription market in 10 years pushed many retailers into taking a closer look at the efficiency of their prescription departments, especially in those stores already handling a formidable amount of third-party prescriptions.

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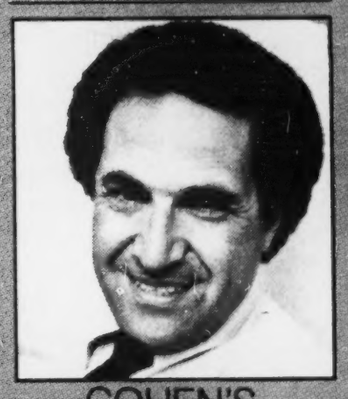
Vol. 5, No. 5 April 30, 1990

For pharmacy, the sky's the limit

The other day, as I was leaving on a business trip, I sat in my airplane seat wondering what I would write for this column. As we taxied out to the runway I looked outside the window. It was a dismal and stormy day, overcast, with periods of rain. As we took our position on the runway, I settled back in my seat and waited for the 727 to gain thrust and finally take off. I knew that this column should in some way reflect the state of pharmacy over the past year since this *is* our annual report issue. At that moment though, my thoughts on that subject were almost as gloomy as the weather outside my airplane window. Our airplane started to roll and pick up speed as we headed down the runway.

Finally the wheels left the ground and we were airborne, heading right into the gloomy and foreboding sky. As expected, the ride through the clouds was turbulent. The plane was being buffeted by forces over which the pilot had very little control. His job was to keep the plane on course and navigate through the stormy weather. Just when it felt like the plane would have its wings ripped off, we broke out of the clouds into blue skies and smoother air. As we continued our climb, we left the violent weather far below us. Any pilot or flying enthusiast such as myself knows the exhilarating feeling of breaking through the clouds into bright sunny weather and clear blue skies. Then it hit me. At that very moment, I knew what I would write for this column. For you see, my plane had just taken nearly the same kind of "ride" pharmacy has over the past year.



COHEN'S CAPSULES
HAROLD COHEN

When we hit blue skies the stress of the ride up to that point left my body and I knew that from here on in, the trip would be fine. While retail pharmacy may not see clear, blue sky just yet, I think it is just about to "break out of the clouds." At the very least, like the pilot of my airplane, many have navigated well against those forces over which they once thought they had no control.

Third-party storm

No one can argue that retail pharmacy has had to weather major storms over the past several years and the "climbs" through them have often been turbulent. One storm in particular, called third-party, has threatened to break pharmacy apart more than once. But pharmacists have come to realize that this storm will pass only to be replaced with yet another storm of equally momentous proportions. So many have set out to protect themselves against the devastation such storms can bring to their business.

Those that didn't were swept away by third-party's overpowering momentum as it passed through their businesses. Those who saw the storm coming and protected themselves are in better shape today to survive whatever stormy weather may still be heading their way.

Much of the fortification against third-party came from improved technology. Pharmacists who rode out the storm best upgraded their pharmacy computer systems to handle third-party claim forms more efficiently. They installed new hardware and software that enabled them to communicate quickly with third-party processors electronically. This eliminated costly claim rejections and improved cash flow.

They began incorporating third-party programs into the company's marketing strategies, welcoming them instead of turning their noses up.

They've joined political action committees in their marketing area to fight unjustified low reimbursement fees as a group. Many have been active in lobbying for "freedom of choice" bills so that everyone in the profession has an equal opportunity to participate as providers to third-party programs.

While handling third-party programs is something that pharmacists would rather not have to do, the realization is they are here to stay. Although there is talk about a national health care benefit, if the way the government handled the catastrophic health care bill is any indication of the direction it is heading toward a national health care plan, pharmacists better count on having private sector third-party programs around for a long time.

I think that improvements will continue to be made that will allow pharmacists to handle third-party, or anything else thrown into the path of their business, better and more profitably so that they can return to their primary job of dispensing and counseling patients on the medications they are taking. I think the outlook appears bright and sunny for pharmacy, and as far as the profession of pharmacy goes, the sky's the limit.

My Way of Thinking

To the Editor:

Let me take Mr. Stuart Tobin's letter in the Jan. 22 issue of *Inside Pharmacy* one step further.

In New York, when a physician marks the prescription DAW, the pharmacist must dispense the brand indicated or else he is in violation.

However, when a Medicaid prescription is received, the physician must also write "Brand Medically Necessary" in his own hand. If not, Medicaid will pay only for the generic even though the physician does not want it. If we dispense the generic in this case, we are in violation of the state law.

So what do we do in this case? We must send the patient back to the physician to amend the prescription, losing time in filling the prescription.

What is the message here? It says do not violate state law and we will reward you with a lower cost price, or violate the law and get the proper price and also look forward to a fine by the board of pharmacy.

Does this make sense? It certainly makes none to me, nor to the patient who is turned away because the physician did not add the three magic words. This is the state of pharmacy in the state of New York!

Warren Askenas, Brooks Drugs, Lawrence, N.Y.

"My Way of Thinking" is intended to give responsible members of the health care community a professional forum to air their views on crucial issues confronting pharmacy today. Presentations should be no longer than 500 words and may be edited for space requirements. Interested participants should mail their presentations to Harold Cohen, Editor, Inside Pharmacy, 425 Park Ave., New York, N.Y., 10022. Articles will be chosen and published at the editor's discretion.

Cover photo: Thrift store in Glenshaw, Pa. Copyright 1990 Scott Goldsmith/Black Star.

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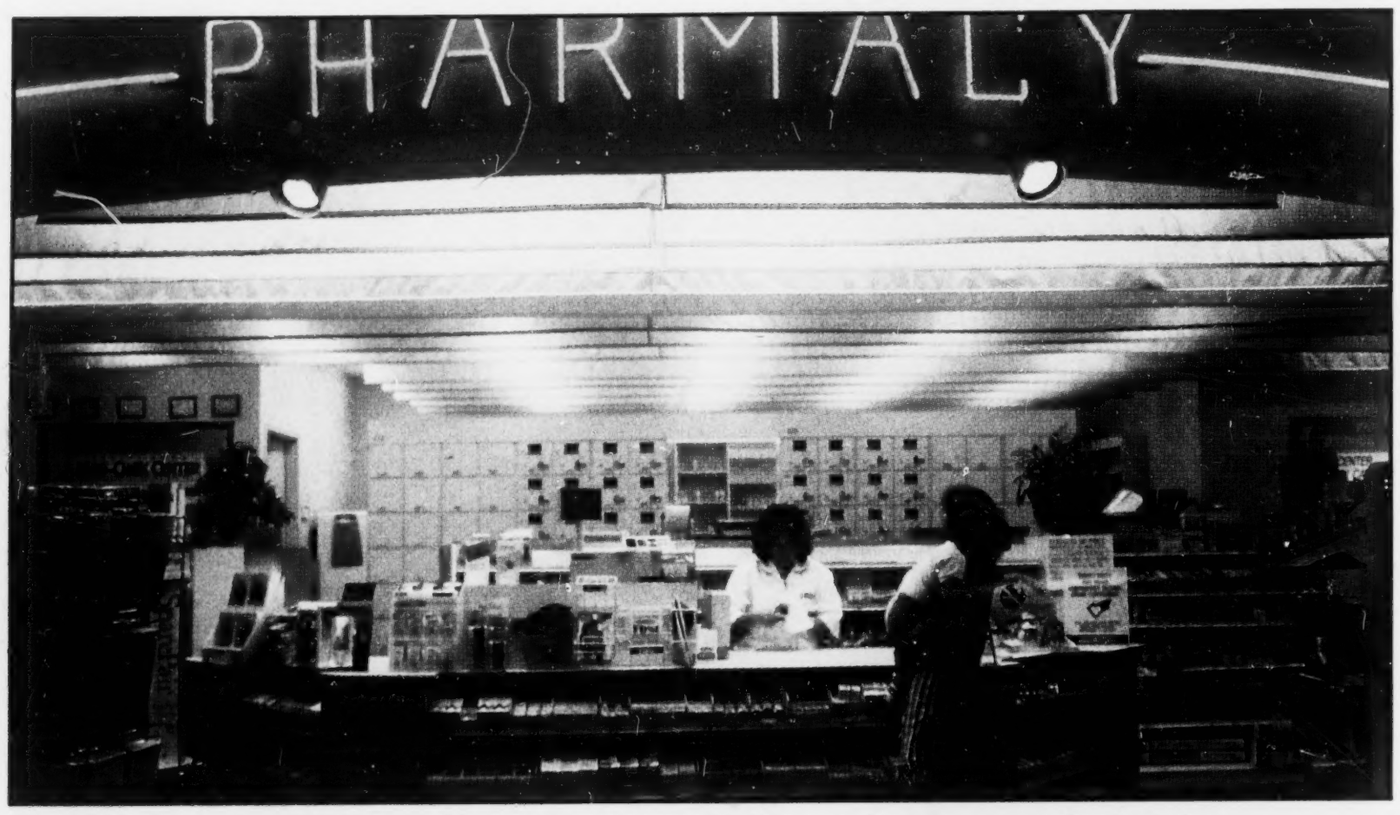

Chain drug store prescription sales ended the year with a nearly 14-percent rise in sales.

Despite third-party woes, Rx strong

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Many chains saw a quick return on investment when they made capital improvements to their pharmacy computer systems.

Some installed faster machines with work stations to handle the additional information needed to fill third-party prescriptions. Others installed "black boxes" and computer software, enabling the store to transmit third-party claims electronically for online adjudication, thereby eliminating costly resubmissions. The problem of negative cash flow usually associated with third-party prescription programs was all but eliminated in these stores. The savings dropped to their bottom line.

But many facets of doing business in the third-party arena still plague some retailers. Exclusive third-party contracts that favor larger and financially stronger drug stores continue to enrage smaller chains and independents who cannot cut deals that return very low reimbursement levels.

The widespread anger that exclusive contracting creates touched off cries for "freedom of choice" legislation nationwide. Such legislation is structured so that no drug retailer desiring to participate in a third-party contract would be locked out. Illinois has already passed such a law and other states have similar bills up for review.

More fuel for fire

Adding more fuel to an already freely burning third-party fire is the intense competition for the third-party customer. In highly industrialized states like Michigan and Illinois, where third-party accounts for 70 percent or greater of the prescription business in some markets, it is not unusual to see customers' co-payments discounted or waived, while the supply and demand of the drugs stores that are ready to fill these prescriptions have cut reimbursements drastically.

Another pressing issue for pharmacists is that of discriminatory pricing. Several months ago, Senator David Pryor (D-Ark.), chairman of the Senate Special Committee on Aging, held a hearing on discriminatory pricing by the pharmaceutical industry.

In his presentation, Pryor singled out 10 brand name drugs for which hospitals pay from 4 percent to 99 percent less than the prices charged to retail drug stores.

Prescription sales, all drug stores

	1988	1989	% change
Consumer sales ($ millions)	$25,213	$27,482	+ 9.0%
Scripts (millions)	1,587	1,603	+ 1.0
Average Rx price	$ 15.88	$ 17.14	+ 8.0
Scripts/store/year	29,296	29,446	+ 0.5
Stores	54,172	54,439	+ 0.5

Source: *Drug Store News* survey

*Prescription sales in chain drug stores**

	1988	1989	% change
Consumer sales ($ millions)	$10,717	$12,189	+13.7%
Scripts (millions)	755	793	+ 5.0
Average Rx price	$ 14.14	$ 15.37	+ 8.7
Scripts/store/year	38,018	38,821	+ 2.1
Stores	19,859	20,427	+ 2.9

*Chains with four or more stores
Source: *Drug Store News* survey

Top 10 Rx products U.S. prescription sales
(at acquisition cost)

1. Zantac (Glaxo)
2. Cardizem (Marion)
3. Tagamet (SKF)
4. Vasotec (MSD)
5. Ceclor (Lilly)
6. Mevacor (MSD)
7. Naprosyn (Syntex)
8. Capoten (Squibb)
9. Tenormin (ICI)
10. Procardia (Pfizer)

Source: Pharmaceutical Data Services

Top 10 companies U.S. retail prescription sales

1. Merck Sharp & Dohme
2. American Home Products*
3. Bristol-Myers Squibb
4. Glaxo
5. Lilly
6. Marion Merrell Dow
7. Smith Kline Beecham
8. CIBA-Geigy
9. Johnson & Johnson
10. Pfizer

*Includes A.H. Robins

Source: Pharmaceutical Data Services

Generics scandal rocks the industry

As though third-party and discriminatory pricing problems weren't enough for retail pharmacists to deal with last year, the industry was stunned by a scandal of immense proportions when it was discovered that some FDA officials had been accepting gratuities from several generic pharmaceutical companies in return for quick drug approvals. *(See the generic drug investigation review on page IP19.)*

Hardest hit during the kickback scandal were Bolar Pharmaceuticals, Par Pharmaceuticals, American Therapeutics, and Vitarine Pharmaceuticals. While the scandal began to unfold publicly last summer, the background investigation actually started some two years before, when Mylan Laboratories hired a private detective to help explain why smaller companies were consistently beating Mylan to market with similar generic drug approvals.

It wasn't until two years later that the scandal broke wide open when Vitarine admitted that it submitted SKF's Dyazide for approval instead of its generic equivalent. Last July, an FDA official pleaded guilty to illegal payoffs from American Therapeutics. Other accusations followed, forcing several generic companies, even those remotely implicated, to remove product from retailers' shelves.

The scandal left an already stressed industry shell shocked. FDA approvals came to a grinding halt and retail pharmacists were forced into a position of defending their use of generics. Although it's been nearly a year since the scandal surfaced, FDA approvals still only trickle out of the much-criticized government agency, causing anxieties among many "honest" generic and PMA companies that have a plethora of drug approvals waiting to be acted upon.

The generic industry has taken matters somewhat into its own hands. According to the Generic Pharmaceutical Industry Association (GPIA), a special Blue Ribbon Committee on Generic Medicines will examine the generic drug industry and the drug approval process at the FDA. This committee consists of an independent group of individuals with scientific, pharmaceutical, regulatory, and legal expertise.

The committee will develop and make public its recommendations for whatever changes may be necessary to reassure the American people that generic drugs are properly tested and evaluated and are safe and effective.

In reality, the burden of

Continued on page IP19

Direct-to-consumer ads are on upswing

While retail pharmacists continue to struggle with problems affecting their businesses, some pharmaceutical manufacturers are trying to increase sales by stepping up marketing efforts.

One such campaign includes manufacturers advertising prescription products directly to the consumer. The idea is to get consumers more involved in the selection process of the prescription drugs they are taking, hoping this will translate to more sales for these products at drug store prescription counters.

Although the pharmaceutical industry as a whole has approached the idea of advertising prescription products directly to the consumer cautiously, several companies have been aggressive with this kind of advertising, and with some success.

One of the first companies to venture into the direct-to-consumer (DTC) advertising of prescription drugs was Marion Merrell Dow Consumer Products (formerly Lakeside Pharmaceutical). While its non-sedating antihistamine, Seldane, was never mentioned by name in the ads, the commercials suggested consumers ask their physician for the non-sedating antihistamine manufactured by the company. The company later featured Nicorette, a product to help people stop smoking, consumer ads targeted directly to smokers.

Over the past year there have been other pharmaceutical companies advertising their products as well. These include Upjohn, advertising Rogaine, and Lexis Pharmaceuticals, advertising its brand of oral contraceptive, N.E.E. 1/35.

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OTCs mainstay of traditional core mix

Key players in mix benefit from more promotions, repositioning

For generations, the American drug store built its reputation primarily on two areas of the store, the prescription department and the over-the-counter (OTC), or proprietary, drug department.

Although the sale of OTC products in recent years has spread to non-traditional drug stores such as supermarkets, discount and convenience stores, OTCs still remain a core department for traditional retail drug stores, one they hope will help maintain their identity as key players in the health care network.

Despite the new competition, drug retailers and manufacturers of OTC products remain optimistic about the traditional drug store's role in selling OTC products. Both are hoping to cash in on the $18 billion to $23 billion in sales the category is expected to generate by the end of the next five years.

To help accomplish that goal, retailers and manufacturers are teaming up to promote more OTC products by boosting ad budgets and making available more co-op advertising monies. The chains are positioning the more powerful OTC medications closer to the pharmacy so that the store's pharmacist can act as an OTC consultant. The stores are also paying closer attention to those OTC product categories that contribute most to the overall growth of the OTC department.

The retail marketplace has seen very little in the way of Rx-to-OTC-switched products over the past year. Still on everyone's number one "hit list" to make the switch is Marion Merrell Dow's Seldane, the best-selling prescription antihistamine on the market today. Many believe that the recent generic scandal has the FDA overcautious about new drug approvals, including Rx-to-OTC-switched products.

While OTCs as a whole did very well last year, certain categories continue to shine with better than 10-percent increases in sales. These include cough/cold, analgesics, dental care, eye and lens care, and family planning.

Cough and cold

One OTC category that continues to do well, despite the introduction of few truly innovative products, is that of cough and cold. Last year the average drug store realized a 13-percent increase in sales of cough and cold products. While this category is called "cough and cold," it encompasses allergy medications as well. Some of its success is attributed to customers buying antihistamine allergy preparations to treat their colds, and allergy sufferers buying non-antihistamine cough and cold products to treat their allergies. *(See further coverage on IP27.)*

Analgesics

While many areas of the OTC department may be considered seasonal, one area, analagesics, is a year-'round winner. Sparking the analgesic category to record sales growth over the past several years, with growth of 12.5 percent in drug stores last year, was the introduction of several OTC ibuprofen products.

While the OTC category as a whole did very well last year, certain categories continue to shine with better than 10-percent increases in sales. These include cough/cold, analgesics, dental care, eye and lens care, and family planning.

A well-known name among arthritic sufferers who take prescription-strength products for their condition, ibuprofen's introduction as an OTC product was an instant success.

Today there are several OTC ibuprofen products (each containing half the minimum strength of its Rx counterpart) vying for retailers' shelf space. Many companies manufacturing OTC ibuprofen products have been successful by marketing their products to various segments of the therapeutic marketplace. For example, some advertise their product for menstrual cramps, others for backache and still others compare their product to other analgesics, such as aspirin and Tylenol, for general pain conditions.

Although aspirin continues to sell well, it received an extra boost in sales when an article in a medical journal claimed its daily use may be a factor in reducing heart attacks. Many research papers have been published since the initial article. Each time a new study is published, aspirin sales increase. *(See further coverage on IP32.)*

Dental care

Over the past several years, the dental category has seen some innovative formulations and product changes. One of the biggest booms to the category was the launch of anti-plaque and anti-tartar formulations in the form of toothpastes and rinses. Also boosting category sales was the introduction of pumps, which many consumers find easier to use with less mess than tubes.

Eye and lens care

For many retailers, the eye and lens care category is one of the most profitable OTC categories. The category saw nearly 13-percent growth in sales in 1989, and industry observers expect the figure to grow even higher during the year to come.

Sales of eye and lens care products continue to be primarily driven by eye-care professionals. This is especially true for new lens wearers, who are concerned with what kind of solutions are best for their contact lenses and eyes.

Many physicians offer "starter kits" with the sale of a pair of contact lenses. These starter kits are usually provided free from various manufacturers of eye and lens care products. Obviously, their hope is that once a patient is started on a particular product, he or she will continue purchasing those products long after the starter supply runs out. In most cases, retailers claim that this is true.

Since the category is very heavily driven by eye care professionals' recommendations and specificity of brand, manufacturers and retailers feel they can charge consumers a slightly higher retail price compared to some other, more competitive OTC categories, making the category one of the most profitable in the store.

The exception is saline solutions, probably the most used of any of the contact lens solutions. Many chains now offer private-label formulations at a much lower retail price than branded counterparts. Manufacturers of branded salines have lowered their prices to compete in this lucrative market.

The other key point with contact lens solutions is the multiple sale. Every wearer of contact lenses will make several purchases to take care of their lenses. These include saline solution, lens cleaner, disinfectant solution, and an enzymatic cleaner. There are also many ancillary sales like lens cases, mirrors, and rewetting drops.

Some retailers have also realized additional sales of non-prescription sunglasses and reading glasses to this population who, before being fitted for contact lenses, wore only prescription sunglasses and reading glasses. *(See further coverage on IP28.)*

Family planning

It would be hard today to find any customer who has not been aware of the deadly AIDS epidemic that has gripped the country. Public announcement after public announcement has talked about safe sex and the use of condoms. It is no surprise that all this publicity has boosted condom sales over the past several years to all-time highs. In fact, sales of family planning products accounted for the single highest increase in drug stores, 16.4 percent.

While condoms have commanded much of the attention in this category, new and quicker pregnancy and ovulation test kits have contributed to higher category sales.

Sales of these kits are expected to increase. Many drug stores are quoting figures of anywhere from a 15 percent to a 25 percent increase in sales of these products over next year.

Many attribute the increase to more pregnancies and the convenience of not having to see a doctor for testing. Because many times the use of these test kits are not as clearly understood as other OTC products, many drug stores place them closer to the pharmacy so that the patient may interact with the pharmacist should she have a question.

1989 OTC productivity in chain drug stores

	'89 sales (add 000)	'89 % increase	% of category
Cough/cold (total)	$ 999,397	13.3%	14.2%
(tabs/caps/lozenges)	609,024	13.7	12.3
(liquids)	390,373	12.5	7.9
Analgesics	733,996	15.3	14.8
Dental care	600,641	10.8	12.1
Vitamins/nutritionals	558,741	7.8	11.3
Baby needs	463,802	9.4	9.4
Laxatives	327,832	7.8	6.6
Antacids	311,518	8.3	6.3
Eye care/lens care	311,137	12.9	6.3
Family planning	310,110	16.4	6.3
First aid products	305,725	8.7	6.2
Feminine hygiene	287,671	7.6	5.8
Footcare products	212,403	10.7	4.3
Diet aids	136,981	10.7	2.8
Antidiarrheal/anti-nausea	88,109	7.8	1.8
Home health care	85,526	8.3	1.7
Acne preparations	84,403	7.7	1.7
Sleeping aids	35,788	9.7	0.7
Wets & dries	31,775	3.6	0.6
Asthma inhalers/tabs/liq	16,414	5.2	0.3
Miscellaneous	46,205	8.7	0.9
Total	$5,948,174		100.0%

Source: *Drug Store News* 1990 survey of drug chains